

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 07/15/2007		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 07/17/2007							
		FINANCIAL PAYER: NCDCMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
							FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	8535	3	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH					
		8505	1	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	4	41	37	
3404904	WESTERN HIGHLAND DS LME	3411	1174	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D					
		3412	440	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	2015	3952	1937	
		11	304	CLIENT NOT ELIGIBLE ON SERVICE DATE					
3404910	PATHWAYS	5308	158	PRIOR AUTHORIZED UNITS EXCEEDED					
				D					
		11	83	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	359	4732	4372	
		5404	37	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD					
3404912	CATAWBA COUNTY MENTAL HEALTH	8599	5	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8645	3	CLAIM DENIED MAXIMUM ALLOWED 2 6 OCCURRENCES PROCESSED AND PAID, PA IS REQUIRED.	0	14	856	842	
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE					
3404913	MECKLENBURG COUNTY MENTAL HEALTH	8505	4346	CLAIM DENIED DUE TO INSUFFICIENT BUDGET					
		8000	198	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL	0	5445	7546	2101	
		21	198	DUPLICATE OF CLAIM-SYSTEM					
3404916	CROSSROADS BEHAVIORAL HEALTH	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404917	CENTERPOINT HUMAN SERVICES	11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8654	12	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	60	2606	2546	
		143	6	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE					
3404919	QUILFORD COUNTY MENTAL HEALTH	8505	810	CLAIM DENIED DUE TO INSUFFICIENT BUDGET					
		79	84	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	1055	4420	3365	
		8536	77	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR					

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	21	140	DUPLICATE OF CLAIM-SYSTEM				
		8622	58	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	1	359	1386	1027
		9404	56	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	5312	1721	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		143	32	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	1884	3577	1693
		120	29	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404922	THE DURHAM CENT ER	11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	13	DUPLICATE OF CLAIM-SYSTEM	0	41	44	3
3404923	FIVE COUNTY MH	8505	83	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	159	1488	1329
		120	14	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1155	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	180	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1798	3460	1662
		11	161	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	21	821	DUPLICATE OF CLAIM-SYSTEM				
		8536	92	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	2	1046	3030	1984
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8599	176	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	26	DUPLICATE OF CLAIM-SYSTEM	0	276	5546	5270
		11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404930	JOHNSTON COUNTY MNTL HLTHC	10	36	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	143	1924	1781
		8622	24	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404931	WAKE CO HUM SVC BILLING OF	21	30	DUPLICATE OF CLAIM-SYSTEM				
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	89	681	592
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3	5	2
3404934	ONSLow CARTERET BEHAV HEAL	8535	182	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		11	145	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	557	1420	863
		8536	81	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	8	DUPLICATE OF CLAIM-SYSTEM	0	34	5668	5634
		8000	3	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404939	EAST CAROLINA B EHAVIORAL H	23	4	SERVICE REQUIRES PRIOR APPROVA L				
		0	0		0	4	6	2
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	20	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	102	1766	1664
		8564	8	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
3404944	EASTPOINTE HUMA N SERVICES	191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	13	1842	1829

		8564	2	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				